



# Private Payment Form

GD Lab Case ID (Internal Use Only)
MD _____
Received: _____

1. Patient Information	
First Name:	
Last Name:	
Date of Birth: DD / MM / YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone:	Email:
Address:	
<input type="checkbox"/> Receipt Required	
2. Payment Information	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card Number: : _____ / _____ / _____ / _____	
Expiration Date: DD / MM / YYYY	
CCV Number-last three digits of the number on the signature panel of your card: _ _ _	
Name on Card:	
Card Holder Signature:	Total: AUD\$
Date: DD / MM / YYYY	
I have enclosed payment with this application:	
<input type="checkbox"/> Money Order <input type="checkbox"/> Cheque (Payable to Genomic Diagnostics)	
3. Test Ordered	
Oncology	Quote AUD
<input type="checkbox"/> Ashkenazi BRCA1/2 Founder Mutation Test <i>Three sites assessment</i>	
<input type="checkbox"/> BRCA1/2 Comprehensive Test <i>Sanger sequencing and MLPA [BRCA1 and BRCA2]</i>	
<input type="checkbox"/> BRCA1/2 Predictive Test <i>Single site assessment</i>	
<input type="checkbox"/> BRCA1 or BRCA2 Test <i>Single gene assessment</i>	
<input type="checkbox"/> Hereditary Colorectal Cancer Comprehensive Test <i>HNPCC/Lynch Syndrome test [MLH1,MSH2, MSH6]</i>	
<input type="checkbox"/> Hereditary Colorectal Cancer Gene Test <i>Single gene assessment</i>	
<input type="checkbox"/> Hereditary Colorectal Cancer Predictive Test <i>Single site assessment</i>	
Cancer Management	
<input type="checkbox"/> Cancer Origin Test™ <i>Origin of Unknown Primary Cancer test, CUP</i>	
<input type="checkbox"/> Kidney Cancer Test™ <i>Renal cell Carcinoma differentiation test</i>	
<input type="checkbox"/> Lung Cancer Test™ <i>Lung Cancer differentiation test</i>	
<input type="checkbox"/> Mesothelioma Test™ <i>Mesothelioma/Adenocarcinoma Differentiation Test</i>	
Human Genetics	
<input type="checkbox"/> SCN1A Comprehensive Test <i>Sanger sequencing and MLPA</i>	
<input type="checkbox"/> SCN1A Mutation Segregation Analysis <i>Single site assessment</i>	
<input type="checkbox"/> GENDIA Tests <i>Over 3,000 genetic disease tests</i>	
Specify Test _____	
4. Once Completed Fax to Genomic Diagnostics on +61 3 9918 2050 or Return With Kit	